

Case Number:	CM15-0149014		
Date Assigned:	08/12/2015	Date of Injury:	05/19/2011
Decision Date:	09/28/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/31/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 42 year old female with a May 19, 2011 date of injury. A progress note dated June 25, 2015 documents subjective complaints (frequent pain in the left elbow and wrist rated at a level of 6 out of 10; constant pain in the low back radiating to the lower extremities rated at a level of 7 out of 10), objective findings (some erythema and cellulitis around the surgical site of the left arm; some stiffness of the arm due to immobilization; palpable cervical paravertebral muscle tenderness with spasm; positive axial loading compression test; positive Spurling's maneuver; limited range of motion of the cervical spine with pain; palpable lumbar paravertebral muscle tenderness with spasm; seated nerve root test is positive; guarded and restricted range of motion of the lumbar spine), and current diagnoses (cubital tunnel syndrome; lumbago; lateral and medial epicondylitis; cervicalgia). Treatments to date have included surgeries, medications, physical therapy, cortisone injections of the right elbow, diagnostic testing, and imaging studies. The treating physician documented a plan of care that included Lansoprazole DR (Prevacid) 30mg #120, Tramadol ER 150mg #90, Cyclobenzaprine Hydrochloride 7.5mg #120, Ondansetron 8mg ODT #30, Eszopiclone (Lunesta), 1mg #30, and Sumatriptan Succinate 25mg #18.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Lansoprazole DR (Prevacid) 30mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68 and 69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs), NSAIDs, Gastrointestinal events Page(s): 68 and 69.

Decision rationale: Regarding the request for lansoprazole (Prevacid), California MTUS states that proton pump inhibitors are appropriate for patients at risk for gastrointestinal events with NSAID use. Studies show long term use of this medication has serious side effects. In addition, this medication is not indicated for long-term use. Its use for the treatment of NSAID associated Gastric Ulcer is approved for 30mg once daily for up to 8 weeks. Within the documentation available for review, there is no indication that the patient currently complains of dyspepsia secondary to NSAID use or a risk for gastrointestinal events with NSAID use. In addition, use of this medication for NSAID associated gastric ulcer is indicated only for once daily. In light of the above issues, the currently requested lansoprazole is not medically necessary.

Tramadol ER 150mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 44, 47, 75-79 and 120.

Decision rationale: Regarding the request for tramadol ER, California Pain Medical Treatment Guidelines state that tramadol is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function (in terms of specific examples of objective functional improvement), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested tramadol ER is not medically necessary.

Cyclobenzaprine Hydrochloride 7.5mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines non-sedating muscle relaxants.

Decision rationale: Regarding the request for cyclobenzaprine, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the cyclobenzaprine specifically. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested cyclobenzaprine is not medically necessary.

Ondansetron 8mg ODT #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Antiemetics.

Decision rationale: Regarding the request for ondansetron, California MTUS guidelines do not contain criteria regarding the use of antiemetic medication. ODG states that antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Guidelines go on to recommend that ondansetron is approved for postoperative use, nausea and vomiting secondary to chemotherapy, and acute use for gastroenteritis. Within the documentation available for review, there is no indication that the patient has nausea as a result of any of these diagnoses. Additionally, there are no subjective complaints of nausea in any of the recent progress reports provided for review. In the absence of clarity regarding those issues, the currently requested ondansetron is not medically necessary.

Eszopiclone (Lunesta) 1mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Zolpidem.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Sleep Medication, Insomnia treatment.

Decision rationale: Regarding the request for Lunesta, California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days,

may indicate a psychiatric or medical illness. Within the documentation available for review, there are no subjective complaints of insomnia, no discussion regarding how frequently the insomnia complaints occur or how long they have been occurring, no statement indicating what behavioral treatments have been attempted for the condition of insomnia, and no statement indicating how the patient has responded to Lunesta treatment. Finally, there is no indication that Lunesta is being used for short-term use as recommended by guidelines. In the absence of such documentation, the currently requested Lunesta is not medically necessary.

Sumatriptan Succinate 25mg #18: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.nlm.nih.gov/midlineplus/druginfo/meds.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head chapter, Triptans.

Decision rationale: Regarding the request for Sumatriptan Succinate 25 mg #18, California MTUS does not address the issue. ODG recommends the use of triptans for migraine sufferers. At Marketed doses, all oral triptans are effective and well tolerated. The FDA states "The safety of treating an average of more than 4 headaches in a 30-day period has not been established." Within the documentation available for review, the physician has written for 18 pills a month with refills even though the effectiveness of the medicine has not been established in this patient. Furthermore, no more than 4 headaches a month has been shown to be safe for treatment by the FDA and the physician has written for an amount that would exceed treating 4 headaches a month. There is no provision to modify the current request. Therefore, the currently requested Sumatriptan Succinate 25 mg #18 is not medically necessary.